

PUBLISHED AT THE END  
OF EACH MONTH. }

JULY.

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ANNUALLY.

**Journal**  
OF  
**PRACTICAL MEDICINE**  
**AND SURGERY,**  
FOR  
**THE USE OF MEDICAL PRACTITIONERS.**

FOUNDED BY  
**LUCAS-CHAMPIONNIÈRE, M.D.**

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**ENGLISH EDITION,**  
**TRANSLATED BY D. MCCARTHY, M.D.**

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**VOLUME XXXIII.**

(FIFTH YEAR OF THE ENGLISH EDITION.)

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Subscriptions effected by letter (prepaid) directed to the Publisher, at the  
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**LONDON:**  
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## ART. 6259.

*Hygiene of Railways.—Further remarks on Intermarriage between Relatives.—Tobacco-smoke a cause of Angina Pectoris.—Debate on the Origin of Vaccine Matter.*

Dr. Gallard, Physician to the Orleans Railway Company, recently laid before the Academy of Sciences the medical returns of his professional experience, during the last four years, on this important line. We gladly reproduce a portion of the author's remarks on the diseases prevalent among the persons employed, and on the new hygienic conditions required by this mode of locomotion for the staff of the institution, the travellers, and the inhabitants of the countries crossed by railroads.

Enginemen and stokers were, *à priori*, conceived to be especially liable to particular diseases. Mr. Gallard agrees with his predecessor, Dr. Bisson, that this class of men presents no tendency to any special affection of the nervous or of any other system, consequent on the inhalation of oxide of carbon, or on the trepidation of the engine. The guards and brakemen, on the contrary, are more subject than the stokers and enginemen to inflammation of the respiratory organs. This circumstance is referred by Mr. Gallard to the fact that while the train is in motion, these men are, from the nature of their duties, less actively engaged, and, therefore, suffer more from the cold than the stokers and enginemen, who must stand and exert themselves in working the locomotive. For the last few years, these officials have been authorised to take, during the cold season, at each refreshment-room—*i. e.*, every two hours, at least, a cup of some warm beverage, such as milk, soup, or coffee ; this measure, by increasing their power of resistance to the effects of cold, has much contributed to lessen the average of cases of illness, which has thus been reduced from 108 to 72 per cent.

Means of various kinds have also been resorted to with success, for the purpose of diminishing the number of cases of intermittent fever among the agents dispersed along the line worked by the Orleans Company. This object was attained in the first place by the drainage of the marshy lands situated along the track of the railroad, an operation equally beneficial to the inhabitants of these localities, and to the agents of the Company ; in the second place, other measures were prescribed, entirely personal to these individuals, and consisting chiefly in



regulations calculated to increase their power of resistance to the surrounding pathogenic influences.

During the last overflow of the Loire, almost all the ditches from Blois to Nantes were filled with water which, having no outlet, converted them into marshes. The Company drained those in which the measure was practicable ; the others were cleansed, their margins perpendicularly cut, the aquatic plants removed, and they were thus transmuted into fish-ponds, which have ceased to emit any poisonous effluvia.

Wherever these works of public utility have been undertaken, they have been productive of the most beneficial results, and engineers, now fully aware of the perils of the stagnation of water in ditches, use their utmost endeavours to avert them. On the newly-constructed lines, instead of excavating the road at the sides, they extract from the neighbouring hills the materials necessary for the embankments. If no hills are to be found at a convenient distance, and dikes are indispensable, they are not sunk in the vicinity of the dwellings of the inhabitants, or near those localities in which the erection of station-houses is contemplated, as these trenches are speedily converted by the accumulation of rain-water into miry and dangerous marshes.

To suppress marshes would obviously be the most effective method for the extinction of intermittent fever ; this forcible measure is not, however, always practicable, and companies, despite their most strenuous efforts will never succeed in affording to their agents absolute protection against the pernicious effects of paludal miasmata. The most that can be done is to increase, as much as possible, the power of resistance in those individuals who cannot entirely be removed from the morbid influence in question, and who must perforce reside in a locality in which ague is endemically prevalent. Care has, therefore, been taken that they should be comfortably housed and clad ; provisions of excellent quality, at a very low rate, are furnished, and during the warm season a beverage is supplied which has exercised the most beneficial effects on the health of the persons employed.

Journeymen who, during the summer, work in the open air, perspire copiously and require frequently to slake their thirst. If water only is at hand, they drink immoderately, and the diseases consequent on this abuse are so frequent as to attract the attention even of the least observant. In many work-yards, therefore, and in most farms, a certain quantity of vinegar, or what is preferable—brandy, is mixed with the water supplied to the labourers. Dr. Bisson, who has done



much towards improving the sanitary condition of the operatives employed on the Orleans Railway, conceiving that this plan might be improved on, caused the following liquid to be regularly served out to the men :—

Infusion of coffee, 3 pints ;  
Rum or brandy, 2 pints ;  
Brown sugar, 1 pound ;  
Water, 10 gallons.

This slightly tonic beverage, says Mr. Gallard, has unquestionably proved most serviceable ; the men drink it with pleasure, even at their meals, and they doubtless owe to its use immunity from colic, diarrhoea, and dysentery. During the cholera, it was found especially beneficial. It was, however, soon discovered that this compound could not be supplied with the same advantage to workmen engaged at some distance down the line, as to those employed at the stations. It ferments easily, does not keep beyond twenty-four hours, and can be distributed only when entirely prepared, because if each man's allowance was served out in a concentrated form—*i. e.*, before the addition of water, it is to be feared that such addition would often be omitted. It was, therefore, necessary to discover a preparation not liable to ferment, and sufficiently concentrated to admit of being conveyed in a small volume to the labourers, to be afterwards mixed by themselves with water from the springs adjacent to the workyards. Various experiments were made with liquids containing tincture of cinchona bark, or sulphate of quinine, both selected on account of their known influence on ague, and the following preparation has been found decidedly the most useful, and is now definitively adopted :—

Rum or brandy, 10 drachms ;  
Tincture of gentian, 1 drachm ;  
Water, 4 pints or more.

The men promptly become accustomed to this beverage, and Mr. Gallard attributes to its use the considerable diminution observed in the prevalence of ague amongst the labourers of the Orleans Railway ; indeed, the decrease has been more marked among the journeymen employed on the line to whom this fluid has been served out, than among the others who have continued to receive the infusion of coffee.

In certain excessively insalubrious districts, hygienic precautions of a different nature have been adopted, with the most satisfactory results. At Guétin and at Rochefort, for instance, the workmen receive a daily allowance of coffee and brandy ; the men who have suffered much from ague, and



whose system cannot become seasoned, are removed and replaced by young and vigorous individuals, as far as practicable, chosen amongst those who, having no family, are, therefore, enabled to live better and support their strength, any loss of which would lay them open to the inroads of paludal intoxication.

Railways have, it is true, been the scenes of dreadful catastrophes, which are still painfully present to all minds, but daily experience shows that, thanks to improved machinery, careful superintendence, and able management, no system of locomotion affords equal security, if the number of travellers be considered. Setting apart, therefore, the question of actual danger, querulous persons lay much stress on petty annoyances, which they consider inherent in this mode of conveyance; these may easily be attenuated. Thus some passengers complain that they cannot read in the carriages with any degree of attention, without much fatigue. Mr. Gallard agrees with Mr. de Piétra-Santa, in recommending such persons to close their book every ten minutes, and to repose their sight by inspection of the landscape; after a short interval of rest, they can resume their occupation without suffering inconvenience. The trepidation of the trains has also been considered as a cause of abortion and premature labour. This imputation is of greater importance, but with regard to abortion, does not appear to be borne out by facts; premature labour would be more readily accounted for. But if it be really, induced, by the motion of trains, railways are certainly not more distinctly open to the reproach than common carriages drawn by horses. Altogether the imputations urged against railways, as far as regards the comfort of the passengers, are so futile as to be utterly undeserving of notice. Less fatigue is unquestionably encountered than in any other mode of conveyance, and the arrangements for invalids, are such as could never have been supplied in equal perfection before the invention of the locomotive engine.

Mr. Gallard concludes with an enumeration of the advantages conferred by railways on the population of the districts traversed by the lines. Their benefits in a hygienic and commercial point of view, are beyond all question, and these wonderful agents of communication, besides the immense services rendered to civilisation, may fairly be considered as disseminators of activity, comfort, health and life.

— We are acquainted with several instances of inter-marriage between relations, the consequences of which have



been so perfectly happy, that we entertain with some reluctance the question brought before the Academy of Sciences, by Mr. Boudin, in a paper which is a complete bill of indictment against consanguineous unions. The subject has of late engaged a considerable share of attention. Some few weeks, since, Mr. Francis Devay published a work entitled *Perils of Consanguineous Unions*, in which the following passage occurs: "The question discussed in the present volume, is circumscribed in its terms; but its immediate results, and its connection with momentous points relative to marriage, hereditary disease, and the improvement of the human race, invest it with a considerable degree of importance, as one of the numerous aspects of social hygiene, and the science of the future. None can view with indifference the weighty interests involved in the solution of the problem, none can refuse to bestow on its elucidation the amount of thought and inquiry it deserves. It presents equal interest in its bearings on philosophical, medical, or social science."

Mr. Devay does not deny, that in some cases, intermarriage between relations has proved innocuous. "I am perfectly aware," says he, "that the marriages to which I object, have sometimes produced healthy and prosperous families; but these are mere exceptions, and it would be rash to trust to circumstances beyond our control. If the astounding frequency of deaf-muteness were the only argument brought forward to demonstrate the perils of consanguineous unions, it would, in our opinion, constitute a most valid objection."

Congenital deaf-muteness is, we must acknowledge, one of the most frequent consequences observed in the offspring of relations united in the bonds of matrimony. Since the year 1858, Mr. Devay has, in thirty instances, observed the coincidence, which Mr. Ménière had distinctly and repeatedly pointed out. Mr. Chazarain, of Bordeaux, states, that in the Deaf and Dumb Institution of that city, he found that six out of thirty-nine boys, and nine out of twenty-seven girls, were the offspring of consanguineous unions. Two of the boys had between them, five deaf and dumb brothers, and six of the girls had between them, seven brothers or sisters afflicted in the same manner. At Lyons, Mr. Perrin has ascertained that, one quarter at least of the inmates of the Deaf and Dumb Asylum were the children of married relatives, and in the Asylum of Ainay, about one-fourth of the deaf mutes acknowledge a similar origin.

Mr. Boudin's communication rests upon these and other figures. He shows that the proportion of congenital cases



of deaf-muteness consequent on consanguineous intermarriages, compared with the aggregate number of persons so afflicted from their birth, is in Paris, 28 at Lyons 25, and at Bordeaux 30 per cent. He further demonstrates that the fatal influence exercised by the relationship of the parents is not confined to their immediate progeny, and that deaf and dumb children are sometimes the result of unions in which one of the parties is the issue of a consanguineous marriage.

Mr. Boudin, adopting the same view as Mr. Devay, investigates the subject with regard to climate and religious persuasions, and establishes, on comparative estimates, that in 10,000 inhabitants the number of deaf and dumb individuals is in Paris 2, in Corsica 14, in the Hautes-Alpes 23, in the Canton of Berne 28—*i. e.*, the proportion rises with the difficulties of exterior communication ; in other words, with the increase of the number of consanguineous unions.

With regard to religious persuasions, the following are the statistics drawn up at Berlin :

3·1	deafmutes in	10,000 Roman Catholics.
6·0	„	10,000 Christians, chiefly Protestants.
2·7	„	10,000 Jews.

From these data, Mr. Boudin infers that the proportion of cases of congenital deaf-muteness increases, in direct ratio with the facilities accorded to consanguineous union, by the different forms of worship.

These are not the only disastrous consequences of intermarriage between relatives. It has also been considered as the cause of barrenness and abortion in the parents, and in children of epilepsy, albinism, idiocy, insanity, pigmental retinitis, and other infirmities, amongst which Mr. Devay notes polydactylism in 17 out of 121 marriages.

Mr. Boudin cautiously avoids expressing any absolute opinion as to the ætiology of these numerous affections, and appeals to statistics to supply adequate proof of an influence which canon law, and philosophical induction incline to view in the same light.

— We shall take an early opportunity of referring to Mr. Beau's ideas on the pathology of *Angina pectoris*. We may, however, in anticipation, state that this careful and ingenious observer conceives that the fumes of tobacco have an important share in the production of the disease.

Amongst the numerous bad effects induced by the immoderate use of tobacco, we must note vertigo, granular angina,



dyspepsia, and a form of cough attended with loss of flesh, closely resembling the cough and emaciation of tuberculosis. To this list, Mr. Beau now adds *angina pectoris*. Our readers will find at our Art. *Learned Societies*, the eight cases illustrative of the injurious agency pointed out by the author, in an interesting paper communicated to the Academy of Sciences. These facts acquire additional value from their entire concordance with Mr. C. Bernard's experiments on nicotine, and seem to prove the truth of the doctrine, which views angina pectoris as a functional disease of the muscular structures of the heart, spreading to the thorax, neck, and upper extremities.

Mr. Bernard has satisfactorily established that nicotine is a poisonous alkaloid, not inferior in power to prussic acid, although acting in a different manner, and chiefly affects the nerves, muscles, and more especially the vascular system. In large doses, this substance induces spasmodic muscular action, which may acquire a permanent tetanic character, whereas if the quantity absorbed is small, the lungs and heart are affected in the first place, the respiratory movements becoming more frequent, and the action of the heart being likewise increased. None of these phenomena occur when the pneumogastric nerve is divided, a palpable proof that this complex action is transmitted by the nerves. We should not omit to state that the muscular system is thus affected, only when the nicotine is pure and in sufficient quantity, but that the lungs and heart specially resent its action, when the poison is diluted or imperfectly prepared.

Mr. Beau has forestalled the objection which would naturally suggest itself to his interpretation, from the observation of cases of angina pectoris in persons who have never used tobacco in any shape. He does not venture to assert that immoderate smoking is the only cause of the disease; he, on the contrary, acknowledges that the causes of this complaint are manifold, and points out one, which seems to have been hitherto overlooked. He further remarks that angina pectoris would be produced in smokers, only by a combination of circumstances seldom to be met with: 1. The immoderate use of tobacco. 2. A special susceptibility of the system. 3. The action of debilitating causes, such as grief, excessive fatigue, considerable diminution of the digestive powers, &c., which would interfere with the elimination of the particles absorbed, and allow of its accumulation in sufficient quantities to affect the muscular structures of the heart.

— We recorded in a former number of the present Journal,



(Art. 5850) a series of experiments instituted at Toulouse, from which it appears that genuine vaccine virus may be supplied by the legs of the horse. The Toulouse experimentalists agree in this respect with Jenner, who, it may not generally be known, conceived that vaccine matter originated in the horse. "If you meet," said he, "with *cow-pox* in a drove of cows, be certain that it has been communicated by men who previously had groomed horses affected with the disorder termed *grease*." At one period of his life, Jenner maintained that *grease*, in order fully to acquire its anti-variolic virtues, should in the first place be transmitted to cows; at another period, he declared that this intermediate passage was unnecessary, and he died at last with the conviction that *cow-pox* originated in a primary and invariable manner in the foot of the horse, whence it was propagated to the cow by the process of contagion.

It would appear at first sight easy, by substituting experiment for observation, and artificial for fortuitous inoculation, to test the correctness of the opinions of Jenner, who was himself perfectly aware that experiment here was of far greater value than mere observation. In his day, however, the method was not in vogue, and he resorted to it once only, in order to support his doctrine on scientific demonstration; this attempt failed, but in no wise altered his conviction. Since Jenner, many expert operators have inoculated *grease*, but the results have been so conflicting that, even now, several sagacious inquirers remain in doubt whether *cow-pox* originates from the horse or from the cow, and uncertainty prevails as to the connection of vaccine with variola, and to this day it is an unsettled point, whether it is to be regarded as a transformation or an attenuation of small-pox.

The subject is obviously one of much interest, and will doubtless engage the attention of the Professor recently appointed to the chair of Comparative Medicine. Trusting that Mr. Rayer may soon shed on this obscure question the illuminating rays he has somewhat too long kept in reserve, we may briefly summarize the debate which arose at the Academy of Medicine, after the communication of a substantial and elaborate report by Mr. Bousquet on the facts related by Mr. Lafosse and the other Toulouse experimentalists.

Messrs. Maunoury and Pichot already, some time since, distinctly recognised the presence of genuine *cow-pox* pustules on the fingers of B——, a farrier, who had shod a horse affected with *grease*. Mr. Lafosse and his colleagues, on the other hand, inoculated to cows a fluid supplied by a disease



which they also denominate grease, and *cow-pox* was the result. All have inoculated in children the virus secreted by these pustules, and a legitimate and well-characterised vaccinal eruption was produced. The discussion bore upon these facts, which are confirmative of Jenner's opinions.

According to Mr. Bousquet, the facts observed in 1836, incomplete and unsatisfactory as they may be deemed in some respects, are nevertheless extremely valuable ; but they are far surpassed in interest by the experiments performed at Toulouse. These would constitute, in the able reporter's estimation, a scientific event of the highest order, and perhaps inaugurate a new era in the history of vaccination. They are in all respects conclusive. The disease of the horse was seen by the most competent veterinary surgeons ; it was not fortuitously communicated, but was carefully inoculated and watched in all its transformations, from the first puncture with the lancet to the fullest evolution. What more is required to bestow on it its true name ?

We reproduce *verbatim* Mr. Bousquet's remarks :

"The novelty of the disease being a legitimate cause of suspicion, in my eyes," said the learned member, "I received it with distrust and caution, and carefully inquired into each separate cause of possible error. In the first place, I endeavoured to ascertain if the lancets used had ever before been employed in vaccination ; this was of course highly improbable in a school of comparative medicine. I wrote, however, to Mr. Lafosse on the subject, and was informed that the lancets had never been used for that operation. I inoculated on one day twelve cows or heifers, and in all, vaccinal pustules resulted. It is unnecessary to allude more at length to the motives which guided me in these experiments ; I may confine myself to the statement that all the animals returned the vaccine matter as it had been imparted, neither more nor less active ; instead of which, the virus supplied by the pasterns of Mr. Corail's mare produced pustules much superior to those resulting from common vaccine virus. The workman is known by his work, the nature of the fruit betrays the tree which bore it.

"It has been in the second place, alleged that in the cow inoculated, spontaneous cow-pox was perhaps on the eve of breaking out. I must own that this singular argument never occurred to me. Cow-pox has not, all of a sudden, become so very common, that its appearance may always be impending. The pustules, moreover, formed in the punctured spots, and all progressed in a manner exactly corresponding to the date of the successive inoculations. This perfect regularity does not accord with the idea of a spontaneous, natural eruption.

"These suppositions being disposed of, another argument arises, invested with a greater degree of probability, although not with the merit of novelty. At the very earliest period of the history of vaccination, Turner objected to Jenner, in 1779, that vaccine was naught but small-pox, transmitted to the cow by the hands of the persons engaged in milking. Can we consider the epizooty at Rennes as an epidemic of small-pox ?

"As a previous question, we may here inquire whether the horse is



liable to be affected with small-pox. The most expert veterinary surgeons are silent on the subject ; and yet I am informed that the idea occurred to Mr. Lafosse, and that he tested its value by direct experiment. Cases of small-pox having occurred among the pupils, he inoculated the disease in horses, but with negative results.

“Although the distemper observed at Rennes, although cow-pox, and vaccine are not identical with variola, they are closely analogous, and the resemblance supplies us with a clue to the mystery, and we must consider it but natural that analogous or equivalent quantities should neutralise each other.

“At any rate, it seems unreasonable to argue that a disease which has reproduced vaccine does not contain its germ. I do not, however, attempt to draw from the fact any but its legitimate inferences ; and, although vaccine pustules were produced by the inoculations related, I guardedly avoid asserting that the disease is always transmitted from the horse to the cow ; I believe it arises in general, on the contrary, spontaneously in the cow. Too many instances are on record of cow-pox observed in cows, when no communication with horses could possibly have taken place, to justify us in coming to any other conclusion.

“The cow and horse would, therefore, both appear capable of generating the vaccine-virus. This is a lesson taught us by observation ; but the cow has the advantage of greater notoriety. We cannot but regret that Mr. Sarrans, who lived on the spot, and Mr. Lafosse, who, unfortunately, resides at a distance from the locality where the disease broke out, did not take advantage of all the favours of fortune to multiply the inoculation. Nothing is better calculated to throw light on an extraordinary circumstance than the repetition of the same fact. Unquestionably, all the negative experiments that can possibly be adduced, whatever their number, cannot annul a single positive, well-ascertained fact ; but, when an occurrence is unusual and meets with contradiction, illusion is always to be apprehended, and a satisfactory conclusion can arise but from more extended inquiry.”

Several members addressed the Academy after Mr. Bousquet. Messrs. Bouley, Depaul, Leblanc, and Reynal, expressed conflicting opinions : Messrs. Bouley and Reynal agree with Jenner, and conceive that the vaccine-virus originates in the horse ; Mr. Leblanc, on the contrary, maintains that it is first generated by the cow. Mr. Depaul endeavoured to show that the disease called grease (*Eaux aux jambes*), can communicate vaccine neither to the equine nor to the human subject, that such transmission has not been demonstrated by observation or experiment, that the horse is liable to be affected with small-pox, and that vaccine and variola are identical in their nature. Mr. Depaul opines that vaccine is naught but small-pox inoculated to animals, producing cow-pox in oxen, and the rot in sheep. The Academy, in this conflict of opinions, would doubtless have experienced much difficulty in coming to any conclusion, had not Mr. Reynal, by an excellent description of the disease called grease, thrown light on the mysterious generation of vaccine virus, and reconciled the dissentient views of the matter.



“Veterinary pathology” said Mr. Reynal, “acknowledges the existence of several diseases, which, in their progress, assume types of so different a character, that a superficial observer might be inclined to consider them as belonging to distinct genera. Nothing, for instance, can be more dissimilar to all appearance, than genuine glanders, and glanders attended with eruption on the integuments of the face. The earlier and later stages of the disease of the horse termed Anasarca, differ so widely as to constitute to an unpractised eye separate affections. The same remark applies to *grease* (eaux aux jambes;) it suddenly alters its characters so considerably that the malady, in its third stage, seems perfectly distinct from that which the animal suffered from in the first period. This observation is so strictly true, that, unless the veterinary surgeon has from long experience acquired a knowledge of the concatenation of the symptoms, he is liable to commit grievous error in his diagnosis.

“At its onset, grease is ushered in by swelling of the pasterns, which rapidly extends to the middle region of the metacarpus or metatarsus, and may even involve the knee or hock; this condition is preceded and accompanied by feverishness. The swelled part is hot and tender, and soon becomes the seat of a serous exudation which moistens the hair; this secretion is occasionally so copious as to run in droplets over the hoof. Vesicles distended with a yellowish, pungent, and transparent fluid form beneath the cuticle, and are followed by more or less superficial ulceration, which supplies a copious and thicker matter. Here and there in the fold of the pastern appear pustules of various size, from which emanates a serous liquid which speedily becomes yellowish, puriform, and more consistent. The intervals between the pustules are filled by a coagulated substance analogous to gelatine, and the hairs are turned back, and adhere to each other in small clusters. During this stage, the skin is frequently chapped, exfoliated, and occasionally mortified.

“A circumstance deserving of notice shows that these anatomical changes are but the local expression of a general morbid condition; the feverishness subsides and vanishes, as soon as the disease becomes localised in the extremities.

“I have chiefly observed this acute form of grease in young horses, in which glanders had been checked in their development.

“In 1840, several horses brought into France through our Eastern frontier for cavalry service became thus affected; in order to evade the prohibitive laws in force in Germany, the dealers had been obliged to march them long distances through rain, snow, and thaw.

“This variety is common beyond the Rhine, where it is designated as grease with chaps, or gangrenous grease, according as it is complicated by quitters or mortification.”

The very considerable changes observed in the symptoms of grease, during its progress, account in Mr. Reynal's opinion, for the confusion of ideas and differences of opinion which prevail with regard to the disease, which generates cow-pox in the horse. This eminent veterinary professor is satisfied that Jenner's grease and sore-heel correspond to the first, the eruptive vesicular or pustular stage of the complaint above-described, the only one capable of transmitting vaccine, and which Mr. Leblanc did not meet with at Toulouse, when he



repaired to that city, for the purpose of testing the accuracy of Mr. Lafosse's experiments.

It remains now to inquire whether, as Mr. Depaul supposes, this eruption is identical with small-pox, and if *vaccine* and *variola* are one and the same disease; it does not seem intelligible, if they are similar to each other, that one virus should, after inoculation, invariably produce a local and the other a general eruption. As to the assimilation of rot and vaccine, science abounds with facts showing the negative result of vaccination in sheep, and its inability to preserve the animals from rot, even when some slight local manifestations are induced by the operation, whereas the matter secreted by the pustules of rot, effectively protects them from that disease. Another circumstance demonstrates, said Mr. Reynal, in concluding his remarks, that cow-pox and rot differ in their nature: rot is very common in sheep, and cow-pox is very seldom met with, even among oxen living within the contagious atmosphere of rot.

## ART. 6260.

## HOSPITAL SAINTE EUGENIE.

(MR. BOUCHUT'S CLINICAL CONFERENCES.)

*Pleuritic Effusion in the Left Side.—Infantile Icterus.—Fresh Cases Illustrative of the Efficacy of Veratria in Articular Rheumatism.*

Pleurisy is a disease not uncommonly met with in childhood, and amongst the signs of the effusion, we must note the absence of the vocal fremitus, or thrill, on application of the hand to the walls of the chest on the affected side. This sign, which several authors have pointed out, has on many occasions been observed by Mr. Bouchut, and derives additional value from the fact that, in pneumonia, the vibration of the thoracic parietes is considerably increased. Thus, in a case of acute pleurisy with effusion, in a little girl aged twelve, pneumonia was supposed to exist before her admission into hospital, and by mere palpation of the chest the true nature of the disease was discovered.

Other symptoms, characteristic of effusion in the pleura, were also present—such as unfrequent, dry cough, dulness on



percussion, ægophony, bronchial respiration, displacement of the heart (the disease occupying the left side). The morbid secretion filled the lower part of the pleuritic cavity, and rose as high as the spine of the scapula. Mr. Bouchut opined that under these circumstances, aggravated by displacement of the heart, which might possibly occasion sudden death, thoracentesis would, perhaps, be the safest plan of treatment, and the best calculated to give speedy relief. Mr. Bouchut, especially in pleuritic effusion occupying the left side, guides himself, with respect to the expediency of the operation, entirely on the local changes, irrespectively of the general symptoms. The danger to life, in cases of this kind, cannot be measured by the amount of the dyspnœa. Instances are on record of pleurisy unattended by oppression, in which sudden death occurred consequent on copious effusion in the left side of the chest, although the patients were enabled to go about, and seemed pretty nearly in their usual state of health.

Before tapping the chest, however, the Professor determined on trying the effects of other remedial measures, and the issue of the case showed the propriety of this conduct. The disease was yet in its acute stage, the pulse 120 ; four leeches were applied to the posterior region of the left side of the thorax ; the leech-bites were allowed to bleed for an hour, and were then touched with sesquichloride of iron, a powerful hæmodynamic, which should be always at hand when children are leeches. Mr. Bouchut at the same time prescribed the following mixture, to be taken in the course of the day :

R Aq. lactuæ, ℥jss. ;  
Syrupi, ℥iv. ;  
Tinct. digitalis, ℥vj.

A blister was also resorted to, and, as usual, this counter-irritant induced at first a slight increase of the effusion, but this was mere sympathetic irritation, and was soon followed by improvement. The level of the effusion gradually descended, and in less than a fortnight a complete cure was effected without any necessity for thoracentesis.

— In the same ward, we also noticed a little girl, aged two years, afflicted with icterus. The jaundice was not merely a functional disease. Nervous icterus is very unusual in childhood ; at this early period of life, fear may induce diarrhœa, chorea, epilepsy, but not jaundice. The disorder was symptomatic. On the 24th of May, after epileptiform convulsions, feverishness, and greenish diarrhœa had set in, and no yellowish discolouration of the skin existed when the child was admitted



into hospital, but it appeared twenty-four hours after. On the 7th of June, its presence was distinctly ascertained ; it increased on the following day, and the urine, tested with nitric acid, yielded a green precipitate, which became brown after a short time. The abdomen was tumid, and the hepatic region tender on pressure, the liver exceeding the margin of the ribs by about an inch. To these signs were superadded loss of appetite, heat of skin, and frequency of the pulse (110). In this instance, as it is commonly the case in children, convulsions had ushered in acute inflammation, which, originating in the intestine, extended to the liver, and inducing turgescence of the mucous lining of the choledochus, occasioned obstruction of that passage.

The secondary hepatitis being mild, required but little active treatment ; feculent beverages and baths were prescribed ; half a drachm of trisnitrate of bismuth was daily exhibited for the enteritis. On the 11th of June, the motions acquired greater consistency, the inflammatory action began to subside, and the yellow colour of the integument to fade. The child is at present in a convalescent state.

The green motions observed in this form of disease have been erroneously attributed by Billard to an alteration of the bile in the liver. Green diarrhœa is a symptom of enteritis ; the bile acquires a green colour from its contact in the intestines with acid secretions, a phenomenon parallel to that observable in the test-glass, when nitric acid is dropped into a liquid containing the same substance. Thus, when a child at the breast passes water and fecal matter at the same time, after a short exposure to air, the motions become green, a change not referable to any morbid condition, but to the acidity of the urine with which the excrement has been in contact.

This case suggested to the Professor some remarks on the subject of the icterus of new-born infants. In his opinion, this phenomenon, which is so frequent as to be almost a physiological occurrence when it does not exceed certain limits, is also symptomatic of hepatitis consequent on umbilical phlebitis produced by ligature of the cord. Now, this phlebitis may vary considerably in intensity ; in private practice it is usually of the mildest character, and often escapes undetected. In the hospitals, on the contrary, its consequences are occasionally serious, and it may give rise to small abscesses in the liver, and even, as Mr. Martin, of Lyons, has remarked, in distant and various organs, such as the scrotum, muscles, &c.

The benign jaundice, observable in about one infant in every three, requires no medical interference. Perhaps, in some few



cases, simple or aromatic baths, of half an hour's duration, may be found incidentally useful, and also spirituous embrocations, and the application of flannel to the abdomen; but the more aggravated forms of icterus prove generally fatal in a few days, and very little can be done to save the child. In these fortunately unfrequent cases, protracted immersion in tepid water, oil-enemas, aperients, cold water, and blisters, are the chief resources of the practitioner.

— The exhibition of veratria in rheumatic fever is now no novelty; but, so great and special is its efficacy in the treatment of the disease in infancy, that too much stress can hardly be laid on the utility of this medicinal agent.

A little girl, aged twelve, was admitted on the 3rd of June into St. Margaret's ward, for acute rheumatic fever, the pains chiefly occupying the feet, knees, and hips. The feet were swelled, and presented a characteristic roseate hue. On auscultation of the heart, systolic souffle was detected; the pulse was irregular, intermitting, and frequent (120); the rheumatic affection involved, therefore, at the same time, the serous and the muscular structures of the heart.

Mr. Bouchut resorted in this instance to the exhibition of veratria.

This medicine may be administered alone, but is more readily accepted by the stomach when guarded by opium. The following is Mr. Bouchut's favourite formula:

R Veratriæ {  
Ext. opii. } ā gr. j.

Divide into ten pills, silvered over, and containing each one-tenth of a grain of the medicinal agent. One of these pills is exhibited, night and morning, on the first day, and the dose is increased every day by one pill, unless colics or vomiting supervene. The colics may in general be prevented by emollient enemas; but, should any untoward accidents occur notwithstanding this precaution, the medicine should be provisionally discontinued, or the dose for a few days decreased.

The first effect of the medicine is to abate the quickness of the pulse, and, as an arterial sedative, veratria is certainly superior to digitalis. In the course of a week, in the case above referred to, the pulse fell from 120 to 60, 56, and 52. The pain at the same time subsided, and the swelling and redness disappeared. These results were effected in less than a week, and merely by the exhibition of twenty pills, or two grains of veratria.



So satisfactory a result is assuredly remarkable; and, as this is at least the thirtieth illustration of the efficacy of this remedy, which Mr. Bouchut has met with in his practice, we point it out as especially deserving of notice. Sulphate of quinine may be as efficacious as veratria in the treatment of rheumatic fever; but the latter drug is more inexpensive and less liable to induce complications—a consideration of some moment. Sulphate of quinine has a tendency to induce cerebral metastasis; but, were it only open to the objection of causing deafness, and, perhaps, amaurosis, this would be amply sufficient to justify a preference for veratria—a medicine easy of management, of insignificant pecuniary value, and any unfavourable action of which can be readily checked or averted.

## ART. 6261.

## HOSPITAL SAINTE EUGENIE.

(MR. BOUCHUT'S WARDS.—LECTURE DELIVERED BY MR. RICORD.)

*Hereditary Transmission of Tertiary Syphilis.—Remarks suggested by a case of Diseased Palate of doubtful origin.*

At Mr. Bouchut's request, Mr. Ricord examined one of his patients; the following is her history:

She is aged fourteen, and was admitted into hospital about three months since, for a disease of the mouth of recent origin. Her parents died eight years ago. She has one sister, aged nineteen, who enjoys perfect health. She is intelligent, and declares that she has never followed any medical treatment whatever. Her frame is small but wiry; the integument is perfectly free from any trace of scrofulous disease, or scars, denoting previous eruptions of ecthyma or rupia. The most minute investigation fails to detect any morbid appearances about her person, beyond a few small and indurated glands in the sub-maxillary region. There is neither running at the nose nor any symptom of ozena, and it is, to say the least, extremely improbable that she has ever been exposed to the contagion of glanders or farcy.

The first and most striking circumstance observable is the nasal resonance of the voice, which indicates some defect of the palate. On inspection of the cavity of the mouth, its condition is found to be as follows: The soft palate is destroyed, and also a portion of the osseous vault, which is



divided by a longitudinal slit, situated a little to the left of the mesial line; the margins of the cleft are irregular, and covered with pale, roseate granulations, disseminated over an unhealthy-looking surface, presenting altogether some resemblance to a cancrroid sore. The incisors are loose, and the incisor bone is also moveable, and affected with necrosis. But the disease does not extend beyond the eye-teeth, which distinctly form its outward limits.

Mr. Bouchut, conceiving the case to be of scrofulous origin, prescribed arseniate of soda, and tar-water injections, four times a day; the arseniate of soda was exhibited in  $\frac{1}{12}$  gr. doses, four times in the twenty-four hours. This method stimulated the digestive powers, and, in some respects, the child seemed to improve. The amelioration, however, was but slow, and, as the diagnosis presented some obscurity, Mr. Bouchut felt desirous of obtaining Professor Ricord's opinion. This gentleman, therefore, examined the patient with the utmost care, and delivered in the theatre of the hospital a highly interesting lecture on the subject.

Mr. Ricord, after a minute description of the anatomical changes observable, invited attention to a satisfactory circumstance—viz., the circumscribed limits of the mischief, which induced a hope that the naso-palatine osteitis might make no further progress. This form of disease of the bone is extremely common in the adult, in whom, in the vast majority of cases, it points to syphilis. It is less frequent and of more obscure origin in childhood.

Let us, however, said Mr. Ricord, for the sake of argument, admit that, in the present instance, the symptoms are due to a syphilitic taint; in that case, here, as in the adult, they must belong to the class of tertiary manifestations. We will now inquire if this hypothesis presents any degree of probability. In the first place, the age of the patient cannot be alleged as a sufficient reason to set aside the idea of contamination. Mr. Ricord is acquainted with an instance in which an infant at the breast was thus infected by sexual contact with its nurse; the records of the tribunals abound in similar instances. But tertiaries do not immediately follow the primary sore. Between the two, a connecting-link exists, in the shape of secondary symptoms. Now, neither in the recollections of the patient—not altogether to be depended upon, it is true—nor in the inspection of her person, do we find the slightest evidence of any secondary eruptions. This does not, however, authorise us entirely to reject the idea of tertiary syphilis. It is not absolutely indispensable, in order



to assert the existence of tertiary disease, to observe the traces of secondary symptoms. Unless these have previously broken out in the shape of ecthyma or rupia, they do not leave any recognisable scars on the integument. The eruption, moreover, may have been situated on the mucous and not on the cutaneous surface. But we may go further, said Mr. Ricord; conceding that in this case no secondary, intermediate manifestations ever took place; that no mercury was ever exhibited, we are not yet in a position to declare that the affection of the mouth is not due to tertiary syphilis; because the hereditary taint may be handed down to a child and assume at its first appearance tertiary characters, many years after birth.

In order to impress the foregoing remarks more fully on his hearers, Mr. Ricord alluded to the length of the interval which elapses in general, between the primary and constitutional symptoms of syphilitic disease.

When no mercury has been exhibited, six months seldom elapse without some outward sign of the poison becoming manifest. In general, secondaries appear within three months after contagion; they consist in a sense of general lassitude, neuralgic or rheumatic pains, enlargement of the lymphatics of the neck, falling off of the hair, and superficial eruptions on the skin and mucous membranes accessible to the eye (*a*). These symptoms open the scene. Tertiary manifestations do not break out a few weeks only after the primary ulcer; tubercular indurations, nodi, exostosis, deep-seated affections of the osseous, fibrous, or muscular structures, expressive of protracted fermentation of the poison lurking in the system, are seldom observable before an interval of six months, and under the agency of a host of circumstances which hasten or retard its evolution, tertiary syphilis makes its appearance more or less tardily. Mr. Ricord adduced in illustration the case of a man who contracted a chancre on the occasion of the coronation of the Emperor Napoleon I. in 1804, enjoyed perfect immunity for forty years, and in 1844 presented a tertiary abscess in the cheek, which promptly yielded to the exhibition of iodide of potassium. Professor Sigmund, of Vienna, relates a case in which the soft palate was destroyed by tertiary

(*a*) Dr. MacCarthy, in his inaugural thesis *On the Diagnosis and Succession of Syphilitic Symptoms*, mentions seven weeks as the average interval between the appearance of infecting chancre and the eruption of roseola, the earliest of *syphilidæ*. Mr. Fournier (*Lectures on Chancre*) shows that this estimation agrees with that of Bassereau (from the 30th to the 60th day); of Professor Sigmund, of Vienna (six weeks in general); of Mr. Fournier (from the 40th to the 50th day); and of Mr. Diday (habitually 46th day).—THE EDITOR.



syphilis nineteen years after a chancre, and brings forward instances of disease of the periosteum, bones, and cartilages, after an incubation of forty-one years. Osteitis and affections of the fibrous and cartilaginous textures are among the latest manifestations of syphilis.

The laws which govern the evolutions of the syphilitic diathesis in the adult, are entirely applicable to children tainted before their birth. The infant may be born to all appearance healthy, but six weeks afterwards secondary symptoms break out—an untoward circumstance, which too often has led to litigation between the parents and nurses.

These laws, however, may be modified or suspended in their operation by the influence of mercurial treatment, which retards the morbid manifestations, disturbs the regularity of their succession, and may in hereditary syphilis altogether suppress the secondary connecting link, and cause the disease to make its first appearance in the tertiary form. According to Mr. Ricord, the child is in the same situation as its parents; if in the latter, mercury has checked the secondaries, ten, fifteen, twenty years may elapse with perfect immunity from any tertiary symptoms. The remark equally applies to the child who, now a branch detached from the tree, was originally nurtured on the same sap, and has derived from it similar tendencies. The treatment which cured secondaries in the parents likewise preserves the infant, but parents and infant remain liable, at a more or less distant period, to tertiary manifestations. This explanation satisfactorily accounts for certain tumours of obscure nature, which give rise to frequent errors of diagnosis, because, as nothing points distinctly to the concatenation of the symptoms, the Surgeon is reluctant to admit the existence of a syphilitic taint not clinically demonstrable, but indicated by the results of treatment.

Facts of this kind, whatever their interpretation, frequently recur in practice. Mr. Ricord adduced, in illustration, the case of a lad, aged seventeen, who presented symptoms closely resembling those existing in Mr. Bouchut's patient. He had never been affected with primary or secondary disease; but his mother suffered before her marriage from a severe syphilitic eruption, the traces of which were still visible; the mercury had succeeded in arresting its progress, but syphilis, though checked in the parent, had induced tertiary symptoms in the son.

Instances of this description are, as we have said, common, and often cause much perplexity to the Surgeon. In conclusion, in the patient who is the object of the present



remarks, tertiary syphilis transmitted hereditarily is admissible.

Now, is it possible to assert that the case is not one of scrofula? Mr. Bouchut was inclined to believe that the symptoms were merely due to a scrofulous habit, and, doubtless, in its later periods syphilis is closely akin to scrofula. Indeed, Lugol was of opinion that it might positively originate in syphilis, and Mr. Ricord admits that both taints may be associated; in which case, it is important to discover which is the predominating element. In Mr. Bouchut's patient, Mr. Ricord does not consider that it is scrofula. With the exception of some insignificant glandular swellings of the neck, which may depend on the condition of the mouth, no signs of genuine scrofula are here observable.

But admitting the solitary existence of one or the other disease, no bad result can follow a diagnosis in either sense, because the same treatment is applicable to both. The precision of the diagnosis can here be of importance to prognosis only. Of the two affections, syphilis is not the most serious, and former experiments on the efficacy of iodide of potassium, have established beyond contradiction the fact, that wherever syphilis and scrofula are combined, a cure is effected with a degree of speed, and certainty proportionate to the predominance of the former over the latter element.

In the present case, Mr. Ricord recommended the adoption of the following measures of treatment:—

*Locally*, the incisors are loose, osteitis with suppuration, caries and necrosis are present: the incisor bone has become a foreign body, and keeps up the local irritation. Caries generates caries, mortification has a tendency to spread. It is expedient, therefore, to extract the teeth, and watch the detachment of the sequestrum, which should be removed at the earliest opportunity. After this, or even now, the diseased parts should be touched with diluted tincture of iodine, and the following lotion and gargle may be used with advantage:

R Tinct. iodini, gr. xv.—xxx.;  
Potassii iodidi, gr. v.;  
Aquæ destill, ℥vij. M.

*Internally*, it will be proper to exhibit cod-liver oil, bitters, iodide of iron, and generous food; the child should have healthy exercise in the open air. Under similar circumstances, the waters of Forges, and the Salins brine-baths, are highly beneficial.

In addition to this treatment, more especially appropriate to



scrofula, iodide of potassium, the most efficient of all remedies in tertiary syphilis, should also be resorted to. Mr. Ricord generally administers this drug morning and evening with the cod-liver oil, and the syrup of iodide of iron can be taken in the intervals. The effects of the iodide of potassium require close watching. Eight grains only should be prescribed at first, and if no counter-indication arises, the dose may be increased to fifteen, twenty-five, forty grains, and even to a drachm or a drachm and a half daily.

This plan of treatment will doubtless be instituted in the present case, and we shall take an opportunity of recording its results.

### ART. 6262.

#### HOSPITAL LARIBOISIERE.

(MR. CHASSAIGNAC'S WARDS.)

##### *The Plaster Bandage in Fractures.*

The introduction of anæsthetics into surgical practice has very materially modified the question of the reduction of fractures. As the surgeon can now suspend at will muscular contractility, which constitutes the principal resistance to his attempts, he may dispense with the numerous assistants hitherto employed, and disregard as unimportant the more or less complicated contrivances, recommended for the purpose of effecting extension and counter-extension.

The first and grand objects of treatment consist in restoring as promptly as possible the fragments to their natural position, in securing their natural coaptation, and obviating their undue mobility. As Mr. Chassaignac truly and frequently remarks, *the best antiphlogistic remedy, and the most efficacious anti-spasmodic after fractures, is the immediate reduction and subsequent immobility of the injured limb.*

We have stated that, with the assistance of anæsthetics, reduction—at least momentary,—can always be obtained. The duty of the surgeon is then to take immediate measures to secure the permanency of the coaptation. Plaster is the agent best calculated to answer this purpose, and Mr. Chassaignac has recourse to it in many embarrassing cases, without, however, rejecting the other systems of bandaging which circumstances may call for.



In certain fractures, the Professor applies at once all those accessory parts of the dressing which may be adjusted beforehand, such as a boot, a gauntlet, a pelvis-frame, &c. When these preliminary appliances have been established, and have acquired a degree of solidity which admits of the necessary tractive efforts, reduction is effected, and the apparatus, which promptly becomes solid, is completed. In a case of oblique fracture of the thigh, for instance, the Professor begins by enveloping the leg in a plastered bandage, which extends beyond the knee; the pelvis is likewise accurately surrounded with a similar covering, which, of course, does not include the natural orifices; and when these accessory portions, into which a sufficient number of loops or strings have been incorporated, are perfectly hardened, chloroform is exhibited, and, with a few tractions on the loops, the fragments are replaced in their natural position, and without loss of time confined in the prepared bandages, which promptly dry and become solid, the parts being thus maintained in the most perfect coaptation.

For a long time, Mr. Chassaignac experienced considerable difficulty in the arrangement of the dressing around the pelvis; indeed, when the subject reclines on his back, it is all but impossible to apply correctly the plastered roller around this part of the body, the weight of which deforms the fabric before it has had time to harden. Mr. Chassaignac now proceeds as follows: after applying the boot as far as the upper part of the thigh, if the neck of the bone is fractured, and allowing this part of the dressing to dry, he causes the patient to be supported by assistants in the standing attitude, and lays over a common roller, previously applied around the pelvis, the plastered bandage, which in a few minutes becomes hard; the patient is then replaced in the horizontal attitude, reduction is proceeded with as we have stated, and the surgeon finds no difficulty in adjusting the remaining parts of the apparatus.

Mr. Chassaignac has treated in this manner with great success many injuries of the limbs, and several of the subjects have been exhibited before the Society of Surgery, when the shortening was found not to exceed eight or ten lines, and the almost entire absence of lameness caused much approbation.

This system is applicable in many recent fractures. At the meeting of July 11th, 1860, Mr. Chassaignac presented to the same scientific association a case, in which perfect coaptation and consolidation of the fractured patella had been effected, despite considerable separation between the fragments, by means of the inclined plane, and a plaster bandage, laid over a shell of diachylon, previously applied round the knee.



When this system, recommended by Messrs. Mathissen and Van de Loo, is adopted, a common roller, or some contrivance calculated to protect the integument from contact with the hard dressing, should always previously be applied. A great merit of the plaster-bandage is the facility with which it can be prepared. The common dry plaster used for moulding should be pressed in with the hand, on a table or in a basin, into both sides of a common linen, cotton, or flannel roller, about 15 or 18 lines in width; the band is then rolled up and applied as usual, an assistant at the same time moistening the surface with a wet sponge during the progress of the operation. The coils of the band should be imbricated, and each should cover three-fourths of the circle above it. A second and a third roller should thus be applied, and wet plaster laid over all to secure desirable solidity.

In order to fenestrate the apparatus when necessary, Mr. Chassaignac uses, besides Seutin's shears and the usual excision forceps, a thick rasp, with which any part may rapidly be thinned off, or moveable valves may be opened with shears, at the will of the surgeon. The dressing can easily be removed, by moistening its surface to prevent the dust from rising.

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### MEDICAL CORRESPONDENCE.

ART. 6263. TREBLE PREGNANCY; RETENTION OF THE THIRD FŒTUS BY HOUR-GLASS CONTRACTION OF THE WOMB.—The retention of a fœtus in multiplex pregnancy being of rare occurrence, I forward an account of a case of the kind which may, perhaps, present some interest to the readers of your valuable periodical.

Mrs. D——, at Aressy, near Pau, aged thirty, had given birth in three successive labours, to three healthy children, when she again became pregnant. The abdomen acquired unusual size, and parturition set in at the beginning of the ninth month. Labour-pains were experienced in the morning of April 8th, and at two p.m. the patient was delivered of a puny infant of the female sex, which lived but a few hours. The midwife in attendance having then ascertained that the hand of a second fœtus was presenting, summoned me at once. Slight hæmorrhage was present, and at the back of a loose portion of the placenta engaged in the uterine orifice, I



detected, through a membranous envelope, the hand which the midwife had felt. The contractions were feeble and unfrequent, but the woman being well formed and the flooding unimportant, I deemed that the expulsion of the second fœtus might be trusted to the unaided efforts of nature.

I, therefore, merely prescribed a dose of ergot, but as the uterine action remained inefficient, in order to obviate exhaustion from loss of blood, I inserted my hand, lacerated the membranes, and extracted by the feet a living boy.

The difficulties of the case were not, however, at an end. The abdomen was still voluminous, and it was evident that the distention of the womb was not merely caused by the presence of the placenta. On examination, I was not a little surprised to find a well-marked, narrow passage, leading into a cavity in which a third fœtus was included. The shoulder presented, and turning was not effected with the same ease as in the former instance ; it was difficult to reach the cyst-like cavity, its orifice was powerfully contracted, and I should have been unable to bring matters to a satisfactory conclusion had I not secured one of the feet in a ligature.

One placenta only existed ; its length was about fourteen inches, its width five or six inches, and the three cords were inserted at equal distances from each other.

I cannot doubt that the hour-glass contraction, in every respect similar to that which occasionally causes retention of the after-birth, was induced, in the present instance, immediately after the extrication of the second child. When I first examined the patient, the abdomen presented no irregularity, which might lead me to suppose that partial spasmodic action existed. The circular constriction here described, therefore, occurred most probably after the turning, and rapid extraction of the second fœtus.

— CAZABAN, O. S.,  
*Bordes* (Hautes Pyrénées.)

ART. 6264. SERIOUS SYMPTOMS INDUCED BY A SMALL DOSE OF SULPHATE OF QUININE.—It is a well-known fact, that under the influence of peculiar idiosyncrasies, poisonous effects may be induced by drugs habitually innocuous. A nearly fatal occurrence which I witnessed on the 14th of May last, illustrates the remark, and is, doubtless, referable to some such predisposition.

A single woman, aged thirty-two, of highly nervous constitution, and delicate health, took in one dose, without medical advice, eight grains of sulphate of quinine, for the purpose of

arresting irregular paroxysms of intermittent fever. It was then half-past five o'clock in the morning : the patient awoke at seven with most intense colic and pains in the bowels, refrigeration of the surface, rigor and difficulty of breathing ; a cold perspiration broke out, she fainted away, and was carried back to her bed, the hyposthenic condition increasing every instant. The face was livid, the eyes sunk and convulsed ; the pupils were dilated, the teeth clinched, the limbs inert, and she took no notice of any questions addressed to her.

I was summoned in all haste to her assistance, and was informed on my arrival, that some very slight amendment had taken place. The sufferer evidently heard my questions, and stammered an answer ; respiration was accomplished without impediment, and the pulse was low (60). I prescribed the application of cold vinegar and water compresses to the head, of warmth to the extremities, an aperient draught, and an enema containing valerian and assafoetida, to be injected as soon as the heat of the body was restored.

In the course of an hour, marked improvement was visible ; the pulse rose to 80, and the singing of the ears and tinnitus set in. The menses made their appearance a fortnight before their usual time, and on the following day naught remained beyond a sense of general fatigue and some headache.

I may, in this instance of sudden cinchonism, point out as especially noticeable, that colics preceded the nervous disturbances of the organs of hearing ; also the slow manifestation of the latter, the dilatation of the pupils, and the sudden and premature occurrence of the catamenia.

— GELINEAU, M.D.

*Ruelle-sur-Touvre* (Charente).

## SCIENTIFIC MISCELLANEA.

ART. 6265. RULES FOR SEA-BATHING.—It may not be inappropriate, at the approach of the warm season, to reproduce for the benefit of our readers a brief summary of a paper, published in the 'Gazette Hebdomadaire,' by Dr. Dutrouleau, inspector of the sea-bathing establishment at Dieppe.

The object of the memoir is to indicate with precision the rules for sea-bathing with the greatest possible benefit.

The first question that arises is that of the bathing dress.



Mr. Dutrouleau observes that it would be desirable, if possible, to dispense with it altogether, and that it should consist of a loose garment of light texture, in order that the water should, during the entire bath, be in direct contact with the skin. The author also recommends that the head be uncovered, and that for ladies the hair should be confined in a net, which is far preferable to the oil-cloth cap adopted by French ladies in general. When not prevented by any peculiar circumstances, the patient should bathe in the morning, before the heat of the day. Should this not be practicable, the more favourable hour will be between three and five in the afternoon, which is likewise the proper time for a second bath, if the subject bathes twice in the day. This matter is further subservient to the meal-hours. In general, it is best to alter these as little as possible, even at the sea-side; but the peculiar susceptibility of the stomach must be consulted. Persons accustomed to take luncheon should continue to do so, if the digestive functions are regular; debilitated subjects, women and children especially, should make it a rule to eat between breakfast and dinner, and will find the habit conducive to more powerful reaction. The bath should be taken an hour and a half, or two hours after a light breakfast. Persons unaccustomed to eat in the middle of the day, or who digest their food slowly, must bathe fasting. But if debilitated, they will find it safer to postpone the bath to the afternoon, four hours after the morning repast. Another point is the expediency of bathing when the body is heated by exercise, or whether it should be allowed to cool before entering the water. A moment's reflection on the conditions most favourable to reaction, will lead to the conclusion that the twofold mechanism by which it is induced, will work with greater energy if the body is warm at the time of the bath. It is, therefore, proper to take moderate exercise before bathing, and to allow the excitement to subside in part only before venturing into the sea.

The mode of entering into the water is a detail, which, despite all prudential considerations, often leads to evil consequences, from apprehension or unconquerable antipathy to the first sensations of cold. As a principle, the entire body, including the head, should be as much as possible simultaneously immersed, in order that the concentration of vital power be at once general, prompt, and regular. The methods employed for the attainment of this object are various, but do not admit of all the measures too often indulged in to diminish the severity of the first unpleasant impression. To plunge boldly into the water and to crouch in it, is no hardship to a practised bather, but

it is a more severe ordeal to nervous, delicate, or timorous individuals. Such persons should trust themselves entirely to the accompanying guide, and adopt one or other of the following procedures :—The first consists in standing in the water while several pailfuls are poured over the head ; the bather should then rapidly enter the sea and squat down so as to be completely immersed. Certain forms of disease are especially benefited by this system, but it is repugnant to many persons. The other plan consists in being carried in by the guide, and horizontally plunged head foremost beneath the wave. Mourgué denounces this as a cruel operation, and it would be open to the objection were it compulsorily enforced ; but when it is performed with the full consent of the party concerned, and promptly and dexterously managed, it is far from unpleasant, and proves beneficial. These methods may be tempered so as to be made acceptable to the most nervous subjects ; but slow and progressive immersion is contrary to every principle of the bath, may be productive of unpleasant symptoms, and must on no account be tolerated. Compulsion, on the other hand, should never be resorted to, and if, after several attempts, the subject cannot be induced to bathe in a safe and rational manner, it is best for him to give up all idea of sea-bathing.

It is of extreme importance not to stand motionless in the water with one-half of the body in contact with the air. Persons who cannot swim should grasp the hands of the guide, or the ropes provided in some bathing establishments for the purpose ; they should exercise, and periodically allow the waves to break upon the sides or shoulders, and occasionally lie on their back, horizontally supported by the guide, and, best of all, learn to swim, carefully avoiding to exceed the proper duration of the bath. The latter is, perhaps, the most momentous of all the questions involved in the subject, and has the utmost influence on the results of each bath, and on the ultimate consequences of the treatment. The duration of the bath must depend upon the object to be attained, and should receive some modifications according to age, sex, constitution, and the nature of the disease of the patient. When powerful reaction is required, the bath should be short, last one or two minutes only, and at first consist merely in one or two immersions ; its duration may be gradually extended to five and even ten minutes, when the system has become accustomed to the procedure, but under peculiar circumstances, and in warm latitudes only can fifteen minutes be allowed. The mechanism of reaction fully explains the precept. Seasoned, healthy bathers may remain longer in the water : in the



Mediterranean and at Arcachon, an hour is sometimes spent in the sea. Bathers are, moreover, warned by a sensation of chill that it is time to dress ; a repetition of the shivering would entail nervous depression. All the bad effects of sea-bathing are attributable to the immersion being too protracted for the power of reaction of the body. We may further remark that the weather, the sea, and the health of the patients are liable to diurnal changes which may require corresponding modifications in the practice of bathing, and that it would, therefore, be highly injudicious to lay down beforehand unyielding rules for the guidance of persons who repair to the sea-side.

On leaving the water, the usual precautions consist in promptly returning to the tent or bathing machine, the body being at the same time covered with a loose flannel wrapper. Some persons derive benefit from affusion of sea-water over the head, at the conclusion of the bath. The body should be promptly dried and well rubbed with a rough towel, the clothes be rapidly resumed, and a walk of a mile or two taken at once to promote reaction. When the refrigeration has been very considerable, and that warmth does not readily return, auxiliary measures may be resorted to with advantage—the warm foot-bath, for instance, which is very generally adopted at the various bathing towns on the Channel Coast. This appliance has been the object of much censure, and should not, perhaps, be resorted to as a rule ; but when the feet are very cold, and shivering is present—a frequent occurrence after sea-bathing—it is, in Mr. Dutrouleau's opinion, the most efficacious method of restoring heat, and one of the best promoters of reaction. Persons who can dispense with it will do well to do so, but those who require the foot-bath may take it without fear. When general debility retards reaction, a glass of generous wine, or a warm cup of some aromatic infusion, are excellent auxiliaries ; but pedestrian exercise is indispensable, and if the patient is debarred by general weakness from walking, he should be conveyed home and go to bed, or lie on a couch with wrappers for an hour. Whatever means are adopted, reaction is the object which must be obtained.

ART. 6266. DESTRUCTION OF NASAL POLYPI WITH THE BICHROMATE OF POTASH.—Bichromate of potash is a moderately powerful escharotic, the peculiarity of the action of which is to cause atrophy of the textures it is placed in contact with. A wart touched with a solution of this salt becomes hard, and dies away. In this instance the mass is dried up, and for the

same reason, Mr. Nélaton had recently recourse to the bichromate in a case of framboesia of the scalp ; it has also been applied for the cure of hæmorrhoids, condyloma, vegetations, &c. The *Annales de la Société de Médecine de Gand*, inform us that Mr. Frédéricq having satisfied himself of the efficacy of this caustic for the destruction of venereal excrescences, resorted to a saturated solution of bichromate of potash in water, for the treatment of polypi of the nose.

From a favourable report on these experiments by Dr. Dumoulin, we gather that Mr. Frédéricq had thus effected a cure in about twenty cases of polypus.

That surgeon applies every day with a small brush, the solution over the portion of the growth accessible to the eye, avoiding as far as possible touching the adjacent parts. At first neither pain nor irritation of any kind is complained of ; but in the course of three or four days generally, inflammatory action sets in which sometimes extends to the nose ; that organ swells, and a watery and sometimes acrid secretion is induced. These symptoms should however occasion no uneasiness, they never last beyond forty-eight hours, during which active absorption takes place, and when the local irritation subsides, the polypus is found to have partly or altogether disappeared.

Sometimes a dry, brown coloured eschar forms, but the result of the treatment is the same.

When the first signs of inflammation are observed, pain being the most prominent, Mr. Frédéricq at once discontinues the application of bichromate, which he resumes, if necessary, when the symptoms have yielded. A cure has been frequently effected in five or six days after a single cauterisation. Here as in venereal excrescences, a relapse is unfrequent.

The cases of polypus in which this treatment was instituted varied as to the number, size, and form of the growths. The patients were women, several of whom were more than fifty years of age. The tumours were all mucous polypi, with the exception of one, which was fibrous, and does not appear to have been radically cured.

Mr. Frédéricq states that this remedy causes the prompt absorption of syphilitic vegetations and of mucous papulæ, but that warts are much more slowly cured by the same process. In the former, inflammatory action frequently sets in, and mortification followed, affording satisfactory evidence that genuine cauterisation had been effected. But the general tendency of Mr. Frédéricq's cases implies that the action of the bichromate chiefly consists in powerfully stimulating the absorbents : " It would seem," says he, " to check the forma-



tion and increase the destructive processes in the living structures of the system."

ART. 6267. CASE ILLUSTRATIVE OF THE EFFICACY OF FUCUS VESICULOSUS FOR THE CURE OF OBESITY.—In a recent number (Art. 6227), we noticed Mr. DuchesneDuparc's interesting pamphlet on the use of *Quercus Marina*, or *Fucus Vesiculosus* for the cure of obesity. The author's own observations abundantly demonstrated the innocuousness and efficacy of the remedy, and the following letter, addressed by Dr. Godefroy to the *Revue de Thérapeutique Médico-Chirurgicale*, further confirms the results mentioned by Dr. Duparc :

"A perusal of Dr. D. Duparc's contribution in your last number, on the subject of the efficacy of fucus vesiculosus for the cure of obesity, suggested to me the idea of trying the remedy in my own case.

"I therefore procured a supply of the fucus from Saint-Malo, where it grows in abundance, and caused a hydro-alcoholic extract to be prepared ; this extract is very hygro-metric, and for this reason, a small number of pills only should be compounded at a time ; they should be silvered over, and preserved in a large quantity of absorbing powder.

"I am fifty-seven years of age, 1 metre, 74 c. (5 feet 9 inches) in height, my bones are small, and the abdomen is in my case, the principal seat of obesity. On the 6th of March, before attempting any treatment, I weighed  $76\frac{1}{2}$  kilogrammes (rather more than 12 stone). From the 6th of March, I took every day, three pills, each of which contained five grains of the extract of fucus vesiculosus, the first at six in the morning, the second at ten, and the third at five in the afternoon, at the beginning of every meal, without in any other respect changing my habits.

"Under the influence of the remedy, the urinary secretion became more abundant, more highly coloured, and more odoriferous than usual.

"I again weighed myself on the 10th of April, after taking ninety pills ; I had lost one kilogramme and a half, (more than three pounds) in the course of the month.

"From the 10th to the 20th of April, I took only two pills a day, one at six in the morning, the other at five in the afternoon, and then returned to three pills daily, up to May 18, when having taken a second series of ninety pills, I again weighed, (at the same hour of the day, and with the same clothes as on the former occasions), and found a further decrease of one kilogramme ; from the 6th of March to the 18th of May, I therefore lost upwards of five pounds weight, without

any change in my habits or diet, or having experienced any inconvenience from the use of the remedy."

ART. 6268. REMOVAL OF FOREIGN BODIES FROM THE SURFACE OF THE EYE.—The same periodical alludes to a procedure we have often seen Bérard employ with success at La Pitié, and which we have ourselves several times resorted to with advantage for the removal of foreign bodies from the surface of the eye.

Seizing the margin of the upper eye-lid at both extremities, with the finger and thumb of each hand, Bérard brought it down so as to cause it to overlap the lower lid, and thus brought the skin of the latter into contact with the mucous lining of the former. He then with one forefinger kept the eye closed, and exercised gentle friction with the other. After half a minute or a minute, the patient was allowed to open his eye, and in general the distressing sensation caused by the presence of the foreign body had entirely disappeared.

Bérard satisfied with the result, left the interpretation to others. An eminent oculist, whose death we recently recorded, Dr. Deval, remarked that he had described this procedure in his earliest publications, and explained the displacement of the foreign body, by the movements imparted to the lid, and its adhesion to the skin of the lower palpebra, to which it would remain attached while the upper lid returns to its place. Mr. Wharton Jones, whose *Practical Treatise on Diseases of the Eye* Mr. Foucher has recently translated, conceives that the lashes of the lower eye-lid act in this instance as a kind of rake.

The author of the paper inserted in the *Revue de Thérapeutique Médico-Chirurgicale* explains otherwise the dislodgment of the foreign body, and opines that the tears which accumulate in the artificially closed cavity formed between the upper lid, the eye-ball and the integument of the lower lid, detach the offending substance and carry it away, when permitted to escape.

This may happen in many instances; but we must say that in others—and we witnessed this day a case in point—the foreign body is displaced and expelled without any tears whatever escaping at the same time.

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**PRESCRIPTIONS AND FORMULAS.**

ART. 6269. INJECTIONS APPLICABLE IN NERVOUS DEAFNESS. —Mr. Triquet cannot concede to Kramer that douches with the vapour of ether are the only remedy applicable in cases of nervous deafness. Each of the varieties of disease would, on the contrary, require a method of treatment appropriate to the known or presumed cause of cophosis.

Some forms of deafness are almost utterly incurable. For instance, the deafness consequent on convulsions, on cerebral concussion, &c. ; and others either yield spontaneously, or to rational treatment directed in view of the removal of their cause. To this class belongs the deafness occasionally consequent on intermittent fever, the deafness induced by gastric disturbances, worms, rheumatism, syphilis, &c. It is not inexpedient to add, that the cophosis resulting from ague disappears spontaneously during convalescence, and that it is unnecessary to resort to the often dangerous application of electricity.

Mr. Triquet, moreover, shows by the comparison of cases borrowed from Itard, Kramer, his own experience, and hospital practice, that anatomical changes in the middle ear are by far the most common cause of what is termed nervous deafness, and that medicinal injections into the Eustachian passages are in many instances beneficial. This is the point of aural surgery which it is our present intention to allude to.

*Injections of Caustic Potash.*

When there is reason to believe in a granular condition of the mucous lining of the tubes or tympanum, and more especially in cases of deafness consequent on typhoid, Mr. Triquet agrees with Marc d'Espine in the propriety of injections of a solution of potash. This liquid is prepared by the addition of water to a concentrated solution of caustic potash, until it produces on the tongue only a slight sensation of tingling. With a small tube or syringe, he then takes up about fifteen drops of the diluted solution, and, after inserting into the catheter, previously placed in the Eustachian passage, the number of drops he thinks proper, forces them into the middle ear with the india-rubber blower. At first, four or five drops only are injected every other day, but the dose may be gradually increased to eight or ten. Mr. Triquet discontinues the operation as soon as mucous rhonchi become audible in the ear during insufflation. When the operation has been successful,

a slight but transitory sensation of heat and tingling is experienced in the ear. If it amounts to actual pain, the injection should be performed on one ear only. When the rhonchi above alluded to are observable at once, Mr. Triquet confines himself for a week to injections of air, rendered slightly stimulating by the addition of a few drops of ether or chloroform. The number of injections required to effect a cure may vary from one to seven or eight, and more. They are entirely without danger.

*Injections of Ether and Chloroform Vapour.*

We have stated that injections of air, containing ether or chloroform vapour, are sometimes resorted to at the same time as the alkaline solution, for the purpose of modifying the vitality of the organs of hearing. They are also applicable to cases in which idiopathic paralysis of the auditory nerve is suspected to exist. It is especially when deafness is accompanied by tinnitus, that Mr. Triquet has found chloroform truly serviceable. Whether ether or chloroform be selected, a small quantity (from 15 drops to a teaspoonful) should be poured into an india-rubber ball supplied with a tube and cock. The heat of the hand alone is sufficient to cause volatilisation of the fluid, and by slight pressure, the vapour is readily propelled into the middle ear, through a catheter previously inserted into the Eustachian passage.

*Injections of Strychnia.*

If these remedies prove unavailing, strychnia, nux vomica, or veratria may be resorted to. In refractory or desperate cases, all innocuous methods may legitimately be adopted. The following are Mr. Triquet's formulas for injections of strychnia :

- |        |    |                          |           |
|--------|----|--------------------------|-----------|
| No. 1. | R  | Strychniæ, gr. iij.;     |           |
|        |    | Etheris acet.            | } ā 3 ss. |
|        |    | Aq. destill.             |           |
|        | M. | Shake the phial.         |           |
| No. 2. | R  | Strychniæ, gr. v. ;      |           |
|        |    | Acid. acetici, ℥ viij. ; |           |
|        |    | Aq. destill. 3ss.        |           |

The solution must be perfectly transparent, and three or four drops should be injected into each Eustachian tube. With the first mixture  $\frac{1}{40}$  of a grain will thus be thrown into each ear, and about  $\frac{1}{12}$  of a grain with the second.

In one out of twelve cases this remedy was of eminent service.



Mr. Triquet has also tested, with negative results, the utility of the tincture and extract of *nux vomica*. But no bad effects were ever induced by these, or by the solution of strychnia.

*Injectiōns of Veratria.*

No. 1.    *Aquæ*, ℥iv. ;  
           *Veratriæ*, gr. xij. ;  
           *Acid. acet.*, ℥ xij.

This preparation must always be diluted with four, five, or six times its volume of water. It is a painful local irritant.

No. 2.    *R*    *Alcohol*, ℥j. ;  
                   *Veratriæ*, gr. iij.

This solution, before being used, should be diluted with from 2 to 24 volumes of water.

*Veratria* is excessively irritant, and it is necessary to begin with very diluted solutions. The smallest dose ever used by Mr. Triquet was  $\frac{1}{144}$  part of a grain dissolved in two drops of water. A trifling sensation of pain followed this very minute quantity.

The largest amount injected was  $\frac{1}{12}$  of a grain in three drops of alcohol and water. The effect was extremely violent, and the pain in the ear excruciating. It was allayed by injections of water ; but, after the seventh insufflation, sufficient relief was experienced to justify further experiment with this medicinal agent.

ART. 6270. POMADE WITH THE EXTRACT OF LOGWOOD, FOR THE DISINFECTION OF GANGRENOUS, OR PUTRID SORES.—Dr. T. P. Desmartis recently communicated to the Academy of Sciences a short account of the antiseptic properties of the extract of logwood (*hæmatoxylum toxicodendron*), an inexpensive substance, chiefly used by dyers.

The author states, that in several cases of most offensive cancerous sores of considerable extent, it occurred to him to use as an astringent the following pomade :

*R*    *Extracti hæmatoxyli* ; }    āā ℥ij.  
           *Adipis*,                        }

The effect of this application was at once to purify the ulcers and to check the discharge. Having discontinued the ointment for a few hours only, the offensive emanations and puriform secretions almost immediately reappeared.

According to Dr. Desmartis, hospital gangrene and other forms of mortification receive astonishing benefit from applica-

tions of hæmatoxylum, and he believes that it will also be found efficacious in the formidable erysipelas consequent on surgical operations.

This extract, which, it is true, is soluble only in hot water, can easily be mixed with hæmostatic substances—such, for instance, as infusion of fir-buds, ergotine, sesqui-chloride of iron, &c. It may also, according to Mr. Desmartis, be used in powder or lotions, according to the requirements of each case.

ART. 6271. DECAYED TEETH. CREOSOTE AND COLLODION FILLING.—The *Répertoire de Pharmacie* recommends the following as an appropriate filling for the excavations of decayed teeth :

R Creosotæ, ʒ ss. ;  
Collodion, ʒij.

This mixture is of the consistency of jelly, and can be inserted readily into the teeth. It presents none of the disadvantages reproached with some truth to undiluted creosote.

## ART. 6272.

### LEARNED SOCIETIES.

ACADEMY OF SCIENCES.—In most cases of hydrocele, there is little difficulty in ascertaining the situation of the testicle ; but, in some instances, the transparency is so uniform, and pressure with the fingers yields so doubtful information, that puncture of the tunica vaginalis cannot be performed without some risk of injuring the spermatic gland. Mr. Marcellin Duval, Director of Naval Hospitals at Toulon, who in no less than sixty-seven cases has met with the embarrassing conditions alluded to, forwarded to the Academy of Sciences the description of a mode of operation which ensures the perfect safety of the testis.

At the lower and outer part of the tumour, a horizontal fold of the skin is divided perpendicularly, in an extent sufficient to admit of the penetration of the trochar, which is gently inserted outward and upward into the tunica vaginalis. The blade is then withdrawn into the canula, and the latter



is pushed upward in a direction nearly parallel to the axis of the body, inclining slightly to the external part of the tumour. Iodine, wine, &c., are then injected as usual.

— Mr. Ch. Ozanam then read a paper in which he endeavoured to demonstrate the efficacy and innocuity of carbonic acid as an anæsthetic.

“I had recently” said he “to open a deep-seated abscess in the thigh; the patient was a young man, and in order to induce insensibility to pain, I used a mixture of three parts of carbonic acid with one of atmospheric air, included in an india-rubber bag, of a capacity of about 24 quarts.

“The bag was supplied with a long, flexible tube, terminating in a mouth-piece, which was held at a sufficient distance from the face to admit of a certain proportion of air being simultaneously inhaled.

“Anæsthesia followed in the course of about two minutes, and was attended with two notable phenomena—viz., the acceleration of the breathing, and copious perspiration on the face. The operation was painless, with the exception of the last incision, which was indistinctly felt, and the patient immediately returned to consciousness.”

— We recorded in the first part of our present number, our impressions on the subject of Mr. Beau's paper, relative to the influence of tobacco-smoke on the production of angina pectoris. The following are the facts on which the author grounds his opinion :

1. A gentleman, aged about sixty, in the habit of smoking to excess, frequently suffered at night for a month from palpitation of the heart, oppression, and pain in the shoulders. He discontinued smoking, and the attacks entirely ceased, the digestive functions becoming at the same time more regular. After three months, he resumed his old habits, and again experienced the same symptoms. At last he completely eschewed tobacco, and no further return of the attacks has since taken place.

2. A physician, aged fifty, who, although presenting the outward signs of health, was troubled with dyspepsia, and consequent debility, indulged in the use of *cigarettes* whenever the opportunity offered. For some time, he complained of palpitations accompanied by oppression and a sense of tightness about the chest, recurring in paroxysms at various hours of the day or night. He gave up smoking, and the attacks ceased. One day he found himself in the same room with

several smokers, and, although he did not yield to temptation, he inhaled the fumes of tobacco, and on the following night the former symptoms returned.

3. A physician, aged thirty-five, who practises in the country, incessantly smoked cigarettes in the intervals of his professional visits. For a long time his appetite had declined, and he consequently took very little food. One morning, while fasting, and smoking a cigarette on his way to one of his patients, he was suddenly seized with precordial anxiety, and tightness across the upper part of the chest. He was unable to speak or walk ; his pulse became insensible, and his hands cold. These symptoms lasted half an hour. He came to Paris, and, by Mr. Beau's advice, relinquished the habit of smoking, promising to write if a paroxysm of the same nature as the first again reappeared. Mr. Beau has not heard from him since.

4. A young Spaniard, aged thirty, in the constant habit of smoking cigarettes, suffered much from dyspepsia and impaired digestion. One evening, while indulging in his customary relaxation, he suddenly experienced violent constriction of the chest, and for ten minutes his pulse was imperceptible. Alarmed at this occurrence, he greatly diminished his daily consumption of tobacco, and the symptoms of angina have not since returned.

5. A physician who has been compelled to discontinue the practice of smoking on account of disturbance of the gastric functions, also experienced, when he was in the habit of using tobacco, nocturnal attacks of tightness of the throat, with palpitation and neuralgic pains in the neck. He now enjoys perfect freedom from these symptoms.

6. A merchant who for fifteen or twenty years had suffered from dyspepsia consequent on immoderate smoking of cigarettes, suffers, chiefly at night, from paroxysms of precordial oppression, with palpitation and pain between the shoulders. The features are drawn, and the pulse small and irregular. This gentleman now smokes more than ever.

7. A healthy and vigorous old man, aged seventy-five, seeks consolation in smoking from mental distress. On a Saturday an attack of angina supervenes, of half an hour's duration ; a second fit recurs next day, and he is found dead in his bed on the Monday morning.

8. A foreign diplomatic agent, an inveterate smoker, who, despite appearances, was of weak constitution, was seized one evening, on his return home, with angina pectoris, characterised by dyspnoea, smallness of the pulse, refrigeration of



the extremities, and lividity of the integument. He went to sleep at eleven o'clock, awoke next morning at his customary hour, and transacted business as usual. At five o'clock, while smoking a cigar in his arm-chair, he suddenly expired. A fatty condition of the heart was the only alteration detected at the post-mortem examination.

ACADEMY OF MEDICINE.—Our readers have doubtless not forgotten Mr. Réveil's memoir on the necessity of preventing the sale of dangerous cosmetics. Mr. Trébuchet, at the conclusion of his report on this paper, proposed the following resolutions:—

1. To present to Mr. Réveil the thanks of the Academy for his important communication. 2. To forward his paper to the publishing committee. 3. To transmit a copy to the Minister, calling his attention, at the same time, to the various propositions and remarks contained in the memoir. 4. To request his Excellency, in addition to the measures which a perusal of Mr. Réveil's paper, and of the present report, may suggest, to cause the shops and laboratories of perfumers to be regularly visited, from time to time, by delegates from the School of Pharmacy, or the Board of Health, in order to select and examine specimens of the different cosmetics exposed for sale, and to compel dealers in such articles to annex a label to each, stating that it contains no poisonous or injurious ingredient.

One member only objected to the last clause. Mr. H. Bouley could not admit that the cosmetics so violently denounced by Messrs. Réveil and Trébuchet constitute a danger to the public. It is not the majority of the population who make such frequent use of pomades, cosmetics, and scented waters. The purchasers are chiefly middle-aged coquettes, superannuated dandies, and the uninteresting class of disorderly women whose beauty vice has prematurely tarnished. Mr. Bouley therefore saw no adequate motives to interfere vexatiously with the perfumers' trade by an unnecessary display of authority. Must we also, did he ask, have Government-stamped corsets and shoes, as we appear likely to have Government-stamped pomades, powders, and elixirs? It was a dangerous thing to trammel commerce and shackle liberty of trade. If some persons had been injured by the use of cosmetics, they should apply for a remedy to the tribunals, on the strength of Art. 1,382 of the Civil Code.

Mr. Trébuchet had also denounced the too often deceitful advertisements which fill up the pages of the political papers,

and of many Medical journals. The learned reporter recommends, that the authors of such advertisements be severely prosecuted. Mr. Bouley could not assent to this course ; the liberty of the press was already but too much fettered under present circumstances. In conclusion, he would vote against the last resolution, although approving, of course, of the scientific part of Mr. Trébuchet's report.

After Mr. Bouley, Messrs. Gaultier de Claubry, Boudet Poggiale, and Chevallier, addressed the Academy on the same subject.

In France, said Mr. G. de Claubry, Government watches over public salubrity, and protects the health of all members of society. This protection has become a part of our institutions, and, therefore, the administration would only perform one of its habitual functions, in prohibiting the fabrication and sale of all dangerous substances. But there were laws and regulations applicable to the subject, as well as to advertisements of every description, and it would be sufficient to point out to the authorities, the necessity of applying them a little more strictly.

Mr. Boudet expatiated on the services rendered to public salubrity by the Board of Health. Thanks to its intervention, the use of mineral colours had been prohibited, in the fabrication of sweet-meats, wafers, paper, and artificial flowers, to the great advantage of the working classes and of the population in general. It would, therefore, be highly expedient to appoint special inspectors of the preparations used by perfumers, and this measure would avert the dangers indicated by Mr. Réveil, which interested a much greater number of persons than Mr. Bouley appeared to think.

Messrs. Poggiale and Bussy, especially the former, inveighed with much energy, against the advertisements daily recommending to the public certain medicines, and patent remedies. It is time, said Mr. Poggiale, to call down upon the puffings of quackery, the full rigour of the law, and also on the secret remedies and self-dubbed panaceas, extolled in the advertisement-sheet of newspapers, but neither to be found in the Codex, nor noticed by the Academy of Medicine. It is a stringent duty devolving on the Academy to denounce these abuses, which are far more injurious than the sale of mere cosmetics.

Mr. Poggiale, therefore, moved as a new resolution, that an address drawn up by a special committee, be forwarded to the Secretary of State on this subject. This motion was powerfully seconded, and after passing before the Administrative



Council of the Academy, will be brought forward at an early meeting.

In the interim, the Academy voted separately on the two paragraphs of Mr. Trébuchet's fourth resolution. The first was adopted, the second—*i. e.* (compel dealers in such articles to annex a label, &c.), was rejected. Of course the first three resolutions were unanimously carried.

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### BIBLIOGRAPHY.

ART. 6273. *De la Thrombose et de l'Embolie Cérébrales considérées principalement dans leurs Rapports avec le Ramollissement du Cerveau* (Cerebral Thrombus and Emboli, chiefly viewed in their connection with Softening of the Brain), by — *Lancereaux, M.D.* (a)

The question of emboli, recently brought before the Academy of Sciences, by a learned Professor, still engages a large share of the attention of pathologists. Elements of varying nature may, perhaps, occasionally enter into the composition of these erratic concretions, but coagulated fibrin is by far their most common constituent. The great frequency of emboli is now an undisputed fact, and when we reflect on the manifold morbid circumstances which may give rise to coagulation of the blood, we are only surprised that they are not more common. The nature and severity of the occurrence must, however, vary in an easily intelligible manner, according to the size, shape, and degree of consistency of the concretions; to the number, kind, and importance of the obstructed blood-vessels; and to the functions of the organs to which such vessels are distributed: hence a series of ever-varying disturbances and anatomical changes, the study of which must lead to fruitful inquiry.

These remarks are fully borne out, if they required demonstration, by a perusal of the present volume, in which D Lancereaux endeavours to throw light on the share of emboli in the production of softening of the brain.

At a comparatively recent date softening was exclusively referred to inflammatory action; and we cannot forget the difficulties Mr. Rostan's theory of the influence of senility on

its production had to contend with, when first mooted in opposition to the doctrines held at the period by the most eminent pathologists. This shrewd observer, comparing softening of the brain to gangrene, opined that it was frequently the result of ossification of the arteries, and of subsequent vascular obstruction—a view which was soon confirmed by many publications both in France and abroad (Abercrombie, Bright, Gendrin, Cruveilhier, Bouchut, &c.) Virchow, however, was the first who distinctly asserted that the disease has its origin in embolus. Our clinical wards now teem with cases illustrative of the fact; they are the occasion of luminous interpretation, and from the assemblage of the instances recorded by various writers, combined with those which have fallen under his own observation, Dr. Lancereaux has compounded the memoir now offered to the public.

The author, evidently well versed in the minutest proceedings of modern inquiry, applies them to the demonstration of the connection in many instances observable between occlusion of the vascular system of the brain and certain softenings of that viscus, hitherto erroneously viewed as idiopathic.

The work is divided into three sections. The first treats of thrombus and emboli of the arteries of the encephalon. The chapter devoted to anatomical and physiological considerations reveals a master-mind, and points out—1. The anatomical conditions attendant on arterial obstruction resulting from the two causes alluded to; 2. The changes consequent on occlusion; 3. And the lesions produced by the same agency at a distance from the brain, in the heart, viscera, and extremities. The passages referring to the pathology of softening, and to the organic changes induced by the obstruction, are especially deserving of notice.

These are not, however, the sole causes of ramollissement. The pathogenic agencies are classed by the author under four heads—viz., vascular obstruction, inflammation, plastic deposits, and mechanical operation (tumours, hæmorrhagic coagula, &c.) Amongst the cases of the first class, he lays peculiar stress on arteritis and endocarditis, which often give rise to fibrinous, calcareous, or warty formations; also rheumatic fever, aneurism of the arteries of the neck, &c.

Treatment is, of course, of small avail in diseases of this description. When the presence of valvular disease of the heart suggests a fear of the formation of emboli, the first indication is to prescribe perfect repose. In aneurism of the neck, all pressure should be avoided, and digitalis be exhibited for the purpose of keeping the action of the heart within



moderate bounds, and preventing the rupture of the coagulum within the aneurism. When the embolus has formed, it is proper to contend with local congestion by counter-irritants and unfrequent blood-letting. The necessity of great caution and reserve in this latter respect, arises from the obviously unfavourable tendency of any debilitating measures, and from the increased power of coagulation, and, consequently, the greater facility for the formation of thrombus, which would be imparted to the blood by the abstraction of its corpuscles.

If the embolus is of fibrinous nature, it would appear rational to prescribe alkaline remedies. In support of the advantages which the author expects from the administration of this class of medicines, we may add that they are recommended by Sénac (*Traité du Cœur*), and have been found useful by Mr. Legroux in cases of polypous concretion, situated within the heart. Dr. Philippe has also recorded the very interesting case of a soldier, in the Toulon Hospital, who was cured by the exhibition of alkaline drugs of an enormous cedematous tumefaction of the left hand and forearm. In this instance the swelling had been regarded as the result of the occlusion of the principal vein of the extremity by a fibrinous concretion, and various treatments had previously been resorted to without success. (*Vide 'Mémoires de Médecine et de Pharmacie Militaires,' Vol. LIV., page 285.*)

In the second section of his memoir, Dr. Lancereaux follows the embolus into the parenchyma of the brain, and endeavours to descry the nature of the changes induced in that viscus by its presence. Here the microscope is in constant requisition, and although, from their nature, these researches cannot present an absolute degree of precision, yet their ingeniousness entitles them to the highest commendation.

In the third section of the work, the author treats of thrombus of the cerebral sinuses, and his remarks on the subject may be thus summarised:—"Inflammatory thrombus or phlebitis of the sinuses, and genuine thrombus of these vascular passages differ from each other in their nature and in their symptoms. The former is frequently connected with puriform inflammation, which is never observed in the latter; softening due to emboli is chiefly the result of simple thrombus, and here again appears to be merely the consequence of mechanical obstruction."

This brief analysis can assuredly convey but a faint idea of Dr. Lancereaux's interesting publication, but we trust it may induce in some of our readers a desire to peruse the most complete monograph we have hitherto met with on this very important

subject. We shall take an early occasion of adverting to a no less valuable paper, by Mr. Benjamin Ball, on pulmonary embolus.

VICTOR MARTIN, M.D.,  
*Chief Physician of Naval Hospitals.*

ART. 6274.—*Traité Thérapeutique des Eaux Minérales de France et de l'Etranger, et de leur emploi dans les Maladies Chroniques* (French and Foreign Mineral Waters, and their Application to the Cure of Chronic Disease), by Mr. Durand Fardel, M.D. (a).—*Des Effets des Eaux Thermales du Mont Dore dans le Traitement du Coryza et de l'Aphonie* (the Efficacy of the Thermal Waters of Mont Dore, in Coryza and Aphony) by T. Mascarel, M.D., *Physician-in-Chief of the Hospital of Châtellerault* (b).—*Etudes Médicales sur le Mont Dore. Quatrième Mémoire: Observations Médicales, 1<sup>ère</sup> Série; Observations de Catarrhe Pulmonaire, de Catarrhe Intestinal et de Catarrhe Uterin, Traités Par les Eaux du Mont Dore* (A Medical Inquiry on the Springs of Mont Dore, being a record of cases; 1st. Series: Cases of Pulmonary, Intestinal, and Uterine Catarrh, treated by the Waters of Mont Dore), by G. Richelot, *Consulting-Physician at Mont Dore* (c).

Mr. Durand Fardel's volume, a second edition of which is now presented to the public, was originally intended as a mere reproduction of the lectures delivered by the author, at the *Ecole Pratique*. But the magnitude of the subject has compelled the Professor to widen the circle in which he was at first desirous of confining his observations, and the work has thus assumed proportions unsuited to verbal lectures.

Instead of presenting a description of each mineral water in succession, a plan which has greatly detracted from the utility of even the best treatises on the matter, Mr. Durand Fardel applies to the study of mineral waters the same method which governs other therapeutic inquiries. The system adopted by the author, consists in presenting a synoptical view of the mineral waters, and of the indications they are intended to meet, from which may be readily inferred the rules of their application; he then enters into a comparative study of the mode of action of the various springs; this appears the only arrangement of the subject calculated to

(a) One vol., thick 8vo., 2nd Edit., with coloured map, Germer Baillière, Paris.

(b) A Pamphlet, 8vo., Victor Masson, Paris.

(c) A Pamphlet, 8vo. (office of the *Union Médicale*).



invest hydrology with the character of utility we expect to find in the other resources of practical medicine.

We are especially struck in this work with the simplifications introduced into the apparently intricate study of mineral waters. Mr. Durand Fardel shows that these numerous spas, a mere catalogue of which would form a list sufficiently extensive to alarm the most laborious observer, may in reality be reduced to a proportionately short enumeration of chemical standards and Medical applications. If we take as an instance the chemical classification of mineral springs, we find that *Enghien, Eaux Bonnes, Cauterets, Luchon, Barèges, Saint-Sauveur, Aix* (Savoy), satisfy every requirement of sulphurous treatment. At one or two of these establishments—*e. g., Luchon* or *Aix*, in the Département de l'Arriège, a number of springs of different strength and heat are to be met with, sufficient for every purpose of medicine. If, on the contrary, we consider therapeutical applications, we find in Mr. Durand Fardel's volume, that catarrhal and bronchial affections of every description are benefited at *Enghien, Eaux Bonnes, Cauterets, Mont Dore, Ems, &c.*; with regard to rheumatism, which requires the use of thermal waters, it is equally certain that all the resources needed by the physician are amply supplied at *Néris, Bourbonne, Bourbon-Larchambault, Aix in Savoy, and Barèges.*

We have quoted Mont Dore as appropriate to the cure of catarrhal forms of disease. Two physicians, practising at this residence, Messrs. Mascarel (of Châtellerault), and G. Richelot (of Paris), again invite the attention of the Profession to the effects of the warm springs of Mont Dore, in coryza, aphonia, chronic bronchitis, obstinate diarrhoea, and uterine catarrh.

Mr. Richelot, who adduces numerous cases in support of his statements, remarks that, under the influence of these waters, the pulse diminishes in frequency, and that more refreshing sleep, increased appetite, more active digestion, and general improvement of vital power follow their use. He shows the utility of the Mont Dore Spas in chronic catarrhal disease, and in morbid conditions of the mucous membranes, especially when attended with impaired digestion, and general debility of the system.

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## ART. 6275.

**MISCELLANEA.**

— The Imperial Academy of Sciences of Caen has offered a prize of 80*l*. for the best essay "On the Functions of Leaves in the Vegetation of Plants." Candidates must send in their essays to Mr. Travers, Secretary of the Academy, before the 1st of January, 1865, each paper to be distinguished by an epigraph, and accompanied by a sealed letter, containing the author's name.

— At the meeting of the Academy of Medicine of June 24th, Mr. Nélaton exhibited an ovarian tumour, removed a week before from a woman aged twenty-six.

The operation was performed on June 17, at Mr. Duval's house at Neuilly. The growth was exposed by an incision extending from the umbilicus to the pubes, firmly secured, and its protruding part punctured with a trochar. The numerous attachments of the mass were torn asunder, and the pedicle was at once seized with the clamp, and divided. Several small arteries were tied, and the liquids which had collected at the back of the uterus were carefully removed with a sponge. The wound was closed by seven metallic ligatures, including the peritoneum. The patient, while still under the influence of chloroform, was then wrapped up in warm blankets, and conveyed back to her bed.

During the hour which followed the operation, she complained of cold ; she vomited, experienced paroxysms of pain, but without tympanitic enlargement of the abdomen, and her pulse rose to 96. An enema containing laudanum, and iced applications were prescribed. The same symptoms recurred on the second day, but the pulse fell to 88. On the third day, hiccup was noticed, but yielded to a blister over the epigastric region. From this date, amendment set in ; the pulse fell to 76, the clamp was removed on the fourth day, and cold beef-tea was allowed. On the fifth day, the pulse further decreased to 66, five ligatures were withdrawn, and as no motions had yet taken place, a dose of castor-oil was exhibited. The bowels were copiously relieved on the sixth day, when the sixth metallic suture was removed. On the seventh day, the menses appeared ; the remaining ligature fell away, and soup and eggs were prescribed. On the eighth day, the pulse being 62, soup and a mutton chop were permitted. The condition



of the patient is in every respect satisfactory, and the wound has united in its entire extent.

The above is a brief account of the case. The operation was one of no ordinary difficulty; the tumour was larger than the head of a full-grown adult, and contained about eight quarts of fluid in several separate cysts. The woman was, moreover, exhausted by protracted suffering, numerous adhesions were present, and yet a rapid cure was effected, despite the especially unfavourable influence but recently attributed to the climate of Paris over the results of this operative procedure.

This is the first instance of success of ovariectomy in France, and no publication could more opportunely appear than the pamphlet recently edited by Ad. Delahaye—*Ovarian Cysts and Ovariectomy performed according to the method of Dr. Baker Brown*, by Dr. Labalbary.

The author has dedicated his work to Messrs. Baker Brown and Nélaton. This was but just. Mr. Labalbary foresaw, but could not record the success which awaited the French Professor. His object has been to place before his countrymen, in imitation of Mr. Worms, a carefully-compounded history of ovarian cysts, together with the rules of treatment of the disease in England, and more especially to promulgate the *modus operandi* adopted by Mr. Baker Brown.

— Dr. A. Ehrmann, First-Class Medical Inspector, who accompanied the French army to Mexico in February, has been appointed Chief Physician of the Expeditionary Force, *vice* Mr. Ludger-Lallemand, deceased.

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For the articles not signed,

H. CHAILLOU, *Chief Editor*.



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